

PART B -FEE(S) TRANSMITTAL

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Brian C. Trinque, Ph.D.	(Signature)
/Brian C. Trinque/	(Electronic Signature)
September 15, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,468	10/23/2001	Fatemeh MOJTABAII	FMI-001RCE2	4328

TITLE OF INVENTION: ORDERED TWO-AND THREE-DIMENSIONAL STRUCTURES OF AMPHIPHILIC MOLECULES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	Yes	\$755.00	\$300.00	\$1,055.00	
EXAMINER	ART UNIT	CLASS-SUBCLASS			
C. L. Smith	1631				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.

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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Lahive & Cockfield, LLP
2 Giulio A. DeConti, Jr., Esq.
3 Brian C. Trinque, Ph.D.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fatemeh Mojtabai

Weston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order # of Copies 2

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0080.

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature	/Brian C. Trinque/	Date	September 15, 2010
Typed or printed name	Brian C. Trinque, Ph.D.	Registration No.	56,593